

## CLAIMS ONLY

Application Number

10705997

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend							
1							51						
2							52						
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47							97						
48							98						
49							99						
50							100						
Total	Indep		Depend				Total	Indep		Depend			
Total Depend	8						Total Depend						
Total Claims	10						Total Claims						